BARABOO 53913 Phone: (608) 356-4838
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 102
Total Licensed Bed Capacity (12/31/00): 102
Number of Residents on 12/31/00: 100

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related Skilled Yes Yes 101

Number of Residents on 12/31/00:	****	100	*****	*****	******	*****	****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/0	00) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No No No No No No No No No Yes No Yes	Pri mary Di agnosis  Devel opmental Di sabiliti es Mental Illness (Org. /Psy) Mental Illness (Other) Al cohol & Other Drug Abuse Para-, Quadra-, Hemi plegic Cancer Fractures Cardi ovascul ar Cerebrovascul ar Di abetes Respiratory Other Medical Conditions	2. 0 9. 0 2. 0 0. 0 1. 0 4. 0 4. 0 15. 0 22. 0 7. 0 9. 0 25. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over  65 & Over  Sex  Male Female	4. 0 6. 0 33. 0 45. 0 12. 0 100. 0 96. 0	Less Than 1 Year 1 - 4 Years More Than 4 Years  ***********************************	

## Method of Reimbursement

	Medicare (Title 18)		(	Medicaid (Title 19)			Other Pr			Private Pay			Manage	ed Care		Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	2	16. 7	\$204. 19	2	3. 1	\$123.63	0	0. 0	\$0.00	2	9. 1	\$201.00	0	0. 0	\$0.00	6	6. 0%
Skilled Care	10		\$204. 19	59	90.8	\$104.96	Ŏ	0. 0	\$0.00	19		\$143.00	Ĭ		\$250.00	89	89. 0%
Intermediate				4	6. 2	\$86. 29	0	0.0	\$0.00	1	4. 5	\$143.00	0	0.0	\$0.00	5	5.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Traumatic Brain Inj	. 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender	t 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	12	100. 0		65	100. 0		0	0.0		22	100.0		1	100.0		100	100.0%

County: Sauk ST CLARE MEADOWS CARE CENTER ************************************	*****	*******	******	Facili	ty ID: 4650	******	Page 2
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ions, Services	, and Activities as of	f 12/31/00
Deaths During Reporting Period		(					
					% Needi ng	ov m . 11	Total
Percent Admissions from:		Activities of	% .		sistance of	% Totally	Number of
Private Home/No Home Health	3. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.8	Bathi ng	0. 0		48. 0	52. 0	100
Other Nursing Homes	6. 5	Dressing	8. 0		69. 0	23. 0	100
Acute Care Hospitals	87. 1	Transferring	15. 0		<b>57. 0</b>	28. 0	100
Psych. HospMR/DD Facilities	0.0	Toilet Use	16. 0		<b>53.</b> 0	31. 0	100
Rehabilitation Hospitals	0.0	Eati ng	<b>72.</b> 0		16. 0	12. 0	100
Other Locations	2.4	***************	******	******	******	********	******
Total Number of Admissions	124	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		9. 0	Recei vi ng	Respiratory Care	9. 0
Private Home/No Home Health	15. 4	Occ/Freq. Incontinent		<b>50</b> . <b>0</b>		Tracheostomy Care	0. 0
Private Home/With Home Health	31. 7	Occ/Freq. Incontinent	of Bowel	22. 0		Suctioning *	1. 0
Other Nursing Homes	3. 3	_			Recei vi ng	Ostomy Care	7. 0
Acute Care Hospitals	8. 1	Mobility			Recei vi ng	Tube Feedi ng	4. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		1.0	Recei vi ng	Mechanically Altered I	Diets 31.0
Rehabilitation Hospitals	0. 0				•	•	
Other Locations	8. 1	Skin Care			Other Reside	nt Characteristics	
Deaths	33. 3	With Pressure Sores		3. 0	Have Advan	ce Directives	91. 0
Total Number of Discharges		With Rashes		8. 0	Medi cati ons		
(Including Deaths)	123				Recei vi ng	Psychoactive Drugs	<b>58</b> . <b>0</b>
******************	******	**********	********	******	*******	********	******

		Ownershi p:			Si ze:		ensure:		
	Thi s	Nonprofit		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99. 0	92. 8	1. 07	86. 4	1. 15	87. 0	1. 14	84. 5	1. 17
Current Residents from In-County	90. 0	73. 6	1. 22	79. 8	1. 13	69. 3	1. 30	77. 5	1. 16
Admissions from In-County, Still Residing	24. 2	26. 8	0. 90	23. 8	1. 02	22. 3	1. 08	21. 5	1. 13
Admissions/Average Daily Census	122. 8	86. 5	1. 42	109. 7	1. 12	104. 1	1. 18	124. 3	0. 99
Discharges/Average Daily Census	121.8	83. 8	1. 45	112. 2	1.09	105. 4	1. 16	126. 1	0. 97
Discharges To Private Residence/Average Daily Census	<b>57. 4</b>	28. 3	2.03	40. 9	1. 40	37. 2	1. 54	49. 9	1. 15
Residents Receiving Skilled Care	<b>95.</b> 0	89. 0	1. 07	90. 3	1.05	87. 6	1. 08	83. 3	1. 14
Residents Aged 65 and Older	96. 0	97. 3	0. 99	93. 9	1. 02	93. 4	1. 03	87. 7	1.09
Title 19 (Medicaid) Funded Residents	65. 0	67. 3	0. 97	68. 7	0. 95	70. 7	0. 92	69. 0	0.94
Private Pay Funded Residents	22. 0	27. 1	0. 81	23. 2	0. 95	22. 1	0. 99	22. 6	0. 97
Developmentally Disabled Residents	2. 0	0. 4	4. 56	0. 8	2. 58	0. 7	2. 80	7. 6	0. 26
Mentally Ill Résidents	11. 0	32.8	0.34	37. 6	0. 29	37. 4	0. 29	33. 3	0. 33
General Medical Service Residents	25. 0	22. 4	1. 12	22. 2	1. 13	21. 1	1. 18	18. 4	1.36
Impaired ADL (Mean)	53. 8	49. 0	1. 10	49. 5	1.09	47. 0	1. 14	49. 4	1.09
Psychological Problems	<b>58.</b> 0	46. 3	1. 25	47. 0	1. 24	49. 6	1. 17	50. 1	1. 16
Nursing Care Required (Mean)	7. 9	7. 6	1. 04	7. 2	1.09	7. 0	1. 12	7. 2	1.10